

Health Department, City of Baltimore.

Permit No. 99230

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14 1897

Full Name of Deceased, Martin Vesela

Sex, Male ~~or Female~~, {Cross out the word not required in this line. }

Age, 68 ~~71~~ Years, _____ Months, _____ Days

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line. }

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number. } 93 (old) Thames #1707

Cause of Death, {First (Primary), Aluminaria Second (Immediate), General Anasarca}

Duration of Last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Cem.

Date of Burial, Apr. 15 1897

{ Undertaker, E. France } J. B. Schwatka M. D. Medical Attendant.

{ Place of Business, Bank & Wolfe St. Address, 933 N. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99231 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13/87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant no' named, give names of parents. } Chas. B. Shroeder
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 6 Years, 6 Months, — Days,
Color, white
Married, Single, Widow or Widower, { Cross out the word not required in this line. } single
Occupation, none
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give street and Number. } 1736 Canton ave
Cause of Death, { First, (Primary,) Croup Second, (Immediate,) — }
Duration of Last Sickness, one week

At the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.
Date of Burial, Apr. 14th 87
{ Undertaker, E. France } { Medical Attendant, W. L. Shroeder M. D. }
{ Place of Business, Frank & Wolf Co. } { Address, 704 S. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

99237
99232
Health Department, City of Baltimore.

Permit No. 99232 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joe Lewis Simms

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 10 Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 102 Lexington St.

Cause of Death, { First (Primary), Meningitis }
{ Second (Immediate), }

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpshooters

Date of Burial, April 15 1887

{ Undertaker, H. Ross } Brown D. L. M. D. Medical Attendant

{ Place of Business, 404 E. Calverton } Address, B. D. L. Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

See back of this Certificate for full particulars as to the manner of filling out this form, and to the list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **99233**

Office of Registrar of Vital Statistics.

Ward

18^A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Apr 13/89**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Ida M. Siewbros**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **2** Years, _____ Months, _____ Days.

Color, **Black**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Italy**

Duration of Residence in the City of Baltimore, **S. B.**

Place of Death, { Give Street and Number. } **715. E. Sun, St**

Cause of Death, { First (Primary), Second (Immediate), } **Caps Bronchitis**

Duration of Last Sickness, **One Week**

All the above information should be furnished by the Physician.

Place of Burial, **Lauris Cemetery**

Date of Burial, **Apr 14 1889**

Undertaker, **Heracles Rodgers** **Geo D Blake** M. D.

Medical Attendant.

Place of Business, **404 E. Main St** Address, **602 S. Race St**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

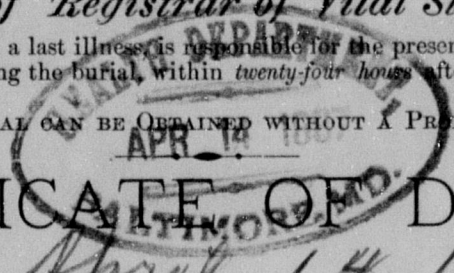
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99234 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 14 1887

Full Name of Deceased, Edith M Kane { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 4 Years, 1 Months, 22 Days.

Color, W

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Balt { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 17 E Lee st

Place of Death, 17 E Lee st { Give Street and Number. }

Cause of Death, Diphtheria { First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Apr 15 1887

{ Undertaker, E F Krause & Son 16 W. Webster M. D. Medical Attendant.

{ Place of Business, 703 Hanover Address, 106 Barrack

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *99235* Office of Registrar of Vital Statistics.

Ward *9*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 13th 1887*

Full Name of Deceased, *Joseph R. Anderson*

Sex, Male or Female, *Male*

Age, *3* Years, *11* Months, *—* Days.

Color, *Black*

Married, Single, ~~Widow or Widower~~

Occupation, *None*

Birth Place, *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *71 Davis St*

Cause of Death, *Pneumonia*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Thursday 14th 1887*

Undertaker, *William N. Dunge*

Place of Business, *New No. 150 East* Address, *Balt. Genl. Dist.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99236 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1887 - 2¹⁵ P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Metzger

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 71 Years, 8 Months, Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, Carver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give Street and Number. } Old No 63 Mulberry St.

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Apoplexy
Cerebral Effusion

Duration of Last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Charles Van Bibber M.D.

Date of Burial, April 16th '87 W. C. Van Bibber M. D.

Undertaker, C. Rosenberg Medical Attendant.

Place of Business, 61 Park Ave Address, 26 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99237 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel

Sex, ~~Male~~ or ~~Female~~. { Cross out the word not required in this line. }

Age, 25 Years, 2 Months, 15 Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~. { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } W.D.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give Street and Number. } 3 Reeces alley

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
chronic

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 17th 1887

Undertaker, Hercules Ross

Place of Business, Conway St Address, 815 E. 1st St

Robert E. Lee M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, MD 21201

Board of Health, City of Baltimore,

Permit No. 99238 Office of Registrar of Vital Statistics. Ward 4^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ^{correctly filled} to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 14 - 87

Full Name of Deceased, ^{Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ray

Sex, Male ^{Cross out the word not required in this line.}

Age, 35 Years, 1 Months, 14 Days,

Color, White

Married, Single ^{Cross out the word not required in this line.}

Occupation, Salt Water Engineer

Birthplace, ^{State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, ^{Give street and Number.} 719 E. Fayette Street

Cause of Death, ^{First, (Primary.)} Apoplexy
^{Second, (Immediate.)}

Duration of Last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olive Cemetery

Date of Burial, April 16th 1887 Wm. Whitehead M.D. Medical Attendant.

Undertaker, Henry H. Ingers

Place of Business, #413 E. Fayette St. Address, S. S. Exeter Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore

Permit No. *99239*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death,

April 14th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Martha W Baldwin

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

50

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

130 S Bond St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Hemiplegia

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 16th 1887

H E Hooks

M.D.,

Medical Attendant.

Undertaker,

Henry L. Mears

Place of Business,

413 E. Fayette St

Address, *1519 E Baltimore*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]